

04-20-10

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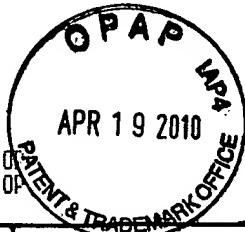
7590 02/03/2010

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cheryl Amick	(Depositor's name)
Cheryl K. Amick	(Signature)
April 19, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/556,439	04/24/2000	John Kenneth Amick	8006-0019-13	7593

TITLE OF INVENTION: VIRTUAL VOICE/COMPANY/OFFICE NETWORK TOOL KIT, METHOD, AND COMPUTER PROGRAM PRODUCT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1510. <del>\$755</del>	\$0	\$0	\$1510 <del>\$755</del>	05/03/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
KANG, PAUL H	2444	709-227000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	3 _____

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> A check is enclosed.
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Authorized Signature

John Kenneth Amick

Typed or printed name

John Kenneth Amick

Date APRIL 19, 2010

Registration No. \_\_\_\_\_

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